

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. <i>(Optional):</i></div> </div> E-MAIL ADDRESS <i>(Optional):</i> ATTORNEY FOR <i>(Name):</i>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
JUVENILE COURT DELINQUENCY PROCEEDING	CASE NUMBER:

☐ Initial Hearing
 ☐ Detention
 ☐ Jurisdiction
 ☐ Disposition
 ☐ Transfer In/Out
 ☐ Other *(specify):*

Date of Hearing:

Time:

Location:

Judicial Officer:	Court Clerk:	Court Reporter:
Bailiff:	Other Court Personnel:	Probation Officer:
Interpreter:	Language:	Child's Date of Birth:
a. Child's Name:	b. Child's Address:	
c. Child's Custody Status:		
d. Parent's Name and Address: <div style="text-align: right;"> <input type="checkbox"/> Mother <input type="checkbox"/> Father </div>	e. Parent's Name and Address: <div style="text-align: right;"> <input type="checkbox"/> Mother <input type="checkbox"/> Father </div>	

1. Persons present:

- | | |
|--|---|
| a. <input type="checkbox"/> Parent <i>(name):</i> | <input type="checkbox"/> Mother <input type="checkbox"/> Father |
| b. <input type="checkbox"/> Parent <i>(name):</i> | <input type="checkbox"/> Mother <input type="checkbox"/> Father |
| c. <input type="checkbox"/> Relative <i>(name and relationship to child):</i> | |
| d. <input type="checkbox"/> Relative <i>(name and relationship to child):</i> | |
| e. <input type="checkbox"/> Legal guardian <i>(name):</i> | |
| f. <input type="checkbox"/> Others with consent of child or approval of the court <i>(name and relationship to child):</i> | |

2. Attorneys present:

- a. ☐ For child *(name):*
 b. ☐ Prosecutor *(name):*
 c. ☐ For parent *(name):*
 d. ☐ Other *(names and indication of party represented):*